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The HITECH Act and Your Practice: Eight Tips for Successful EHR Adoption

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Executive Summary

Only a small fraction of physicians in the U.S. fully use an electronic health record despite years of widespread availability. Barriers to adoption include excessive costs for setup and maintenance, disruption to physician productivity, and insufficient financial or clinical benefits. But HITECH Act incentives, technological progress, and consumer demand are overcoming resistance and spurring a rapid wave of adoption.

This whitepaper provides a roadmap to successful EHR selection and adoption. It surveys today's EHR landscape, including both opportunities associated with the HITECH Act and the hazards of adopting the wrong solution. It then presents eight tips for planning and selecting an EHR service that gives you clinical insight and drives revenue across the patient encounter — without slowing down physicians.

The process of vetting and implementing an EHR is challenging for any medical group. But the right EHR can help get your practice more money, more time, and more control — enabling you to focus on patient care.

Who's Afraid of Electronic Health Records?

Uneasy about switching to electronic health records (EHRs)? You are not alone.

Many physician practices are troubled by the huge upfront costs many EHRs require — hardware, software, interfaces, and IT support — without a clear return on investment (ROI).

Practices also worry about disruption during EHR implementation. They could face a forced reduction in patient load during the transition to an EHR. For some, this could lead to a permanent reduction in revenue. On top of that, providers fear that EHR implementation will take too much time away from seeing patients, slow them down, and always be difficult to use.

A recent article[1] in the Boston Globe under the headline "Doctors not in stampede to go digital" portrayed the angst among physicians about giving up their trusted and outdated paper charts. Despite billions in federal money to incent doctors to go digital, many providers remain reluctant.

"EHRs are quite complex and controversial, and a lot more expensive than they would seem on the surface," a Massachusetts-based internist told the paper. To him, they seem like enough trouble that he's even willing to forfeit the HITECH Act subsidy the government is offering.

This article confirms the fact that despite widespread use of information technology in other sectors, physicians don't see the long-term value of electronic conversion.

But the right EHR —especially as part of an integrated solution with practice management and patient communications services—can dramatically boost the efficiency and profitability of medical groups, while improving patient care. And when done right, EHR implementation can be a smooth and practice-strengthening process. The insights in this whitepaper provide a step-by-step guide to achieving success with EHR adoption.

What is the HITECH Act?

More than a year before President Obama signed the Affordable Health Care for America Act into law, he established the Health Information Technology for Economic and Clinical Health (HITECH) Act. The HITECH Act is a $19.2 billion provision of the American Recovery and Reinvestment Act (ARRA) signed on February 17, 2009. This Act is designed to encourage the widespread adoption of EHRs as a pathway for lowering costs and improving the quality of health care in the United States. Physicians will be eligible for up to $44,000 in reimbursements from Medicare and $65,000 from Medicaid for "meaningful use" of a "certified" EHR starting in 2011.

Requirements for meaningful use include such things as e-prescribing, electronic exchange of patient health information, and reporting on clinical data.

For more details on the HITECH Act and reimbursement criteria, see: athenahealth.com/HITECHAct.

What are RECs and how can they help me?

In order to help providers adopt EHRs and meet meaningful use, the HITECH Act also called for the establishment of 60 Regional Extension Centers (RECs) throughout the U.S. The Department of Health and Human Services (HHS) allocated $640 million to the funding of these centers, requiring their most intensive assistance to be focused on providers furnishing primary-care services, with a particular emphasis on individual and small group practices. Providers in such practices deliver the majority of primary care services, but have the lowest rate of EHR adoption. They also have the least access to resources to help them implement, use and maintain systems.

RECs also plan to focus intensive technical assistance on clinicians providing primary care in public and critical access hospitals, community health centers, and in other settings that predominantly serve uninsured, underinsured, and medically underserved populations.

The RECs will support health care providers with direct, individualized and on-site technical assistance in:

▶ Selecting a certified EHR product that offers best value for the providers' needs;

▶ Achieving effective implementation of a certified EHR product;

▶ Enhancing clinical and administrative workflows to optimally leverage an EHR system's potential to improve quality and value of care, including patient experience as well as outcome of care;

▶ Observing and complying with applicable legal, regulatory, professional and ethical requirements to protect the integrity, privacy and security of patients' health information.

For more information: http://healthit.hhs.gov/programs/REC.

Time to Switch to an EHR?

For years, experts have praised EHRs for their potential to improve patient care, reduce medical error and contain costs in the American health care system.[2] And now, as you've read above, the Obama administration has made EHR adoption a major health care policy objective. The goal is for all physicians to begin using EHRs over the next decade and $19.2 billion has been committed through the HITECH Act to make this a reality.[3]

Historic Reform

The health care reform legislation signed by President Obama in March 2010, among other things, leverages health care IT to improve quality, cost, and access for patients.

For example*, the legislation:

▶ Supports programs to foster the reporting of quality measures through the use of health IT

▶ Directs the establishment of standards to facilitate the enrollment of individuals in health plans, as well as standards to enable the determination of an individual's eligibility and financial responsibility for specific services prior to or at the point of care

▶ Establishes new programs that apply health IT to test new, more effective health care delivery models

▶ Aims to increase the use of health IT in long-term care settings through financial assistance

▶ Directs the use of health IT in health risk assessments for Medicare beneficiaries

▶ Establishes incentive payments for health plans and providers that apply health IT in improving health care outcomes

▶ Supports health IT education and training among medical students

* Credit: 2010 Healthcare Information and Management Systems Society (HIMSS)

Replacing your EHR

What if you've already adopted an EHR and it hasn't been successful? Given the fast-changing healthcare industry you likely did not have the right information and selection criteria guidance to develop a long-lasting EHR strategy. You are not alone. The physician community is rife with disappointing stories about EHRs bought with high expectations that were soon shattered.

Among the common complaints:

▶ the design is maddeningly cumbersome and slows down workflow

▶ you haven't experienced the return on investment (ROI) you expected

▶ your current solution is not improving/adapting or helping your practice grow

▶ your vendor relationship does not work for you

▶ you need to examine long-term goals for your practice and current solution does not fit

If these complaints sound familiar, maybe it's time to switch to an EHR that meets your needs?

The enormous investment is a response to the low rate of EHR adoption among physician practices nationally. In fact, only 17% of the nation's 800,000 physicians are currently using EHRs.[4]

And a recent study in the New England Journal of Medicine (NEJM) reports that a mere 4% of physicians are using a full EHR.[5]

If EHRs are the future of health care, why are they so unpopular?

The Real Risks of Adopting the Wrong EHR

Choosing the wrong EHR system — or failing to successfully implement one — can result in fallout like:

▶ **Spiraling costs.** According to one study, initial costs for software-based EHRs ranged from $15,000 to $50,000 per physician in small practices.[6] In addition, practices can fail to anticipate the hidden costs of the EHR, such as ongoing maintenance, upgrade fees or additional IT support and staff. Despite such high costs, traditional vendors have few incentives for delivering a promised return on investment (ROI). Because the practice invests heavily up front, the vendor has little motivation to provide excellent service after implementation. And once the EHR is installed, it is usually up to the practice to provide, or pay for, IT support for software and hardware, interface management, data set management, and scanning support.

In such circumstances, the practice must decide whether to continue to invest in an increasingly costly system, hire additional support to keep the system running, or write it off completely.

▶ **Disruption in productivity and slowing doctors down.** Most EHR software focuses primarily on the physician exam, creating an electronic interface for the physician to document everything in the patient encounter. These EHRs encourage doctors to adopt the full electronic encounter immediately, which fundamentally changes their encounter workflow (and not always for the better).

▶ **Practice melt-downs.** EHR implementation means changing roles and expectations for staff. If these aren't communicated effectively, staff may feel undervalued.

▶ Incomplete adoption of the EHR. If new workflow processes are not developed to optimize use of the EHR, the practice duplicates work (using both paper and electronic systems), fails to optimize the EHR, and will not enjoy a full return on its investment. Currently, most EHR vendors are narrowly focused on updating the data entry component of the physician exam with overstructured elements that don't meet the broader needs of the practice.

▶ Decreased access to patient information. For practices that do not successfully implement (or optimize) their EHR, patient safety can suffer because of a diversion of resources and reduced access to critical information which is often in multiple places. Even with EHR software, staying on top of labs, orders and results requires a significant amount of staff time. Without a closed-loop order and results management system, the cost of managing and tracking documents can be prohibitive.

The concerns over apparent risks are well-founded. athenahealth's 2010 Physician Sentiment Index℠, conducted with Sermo, found that while doctors' opinion of EHRs is highly favorable, current solutions are seen as too costly and too likely to compromise physician time and patient care:

▶ 81% expressed a very favorable/somewhat favorable opinion of EHRs

▶ Only 51% of physicians feel that EHRs are designed with them in mind

One Practice's EHR Success

Dr. Peter Masucci, a solo pediatric practitioner in Everett, MA, found the right EHR in 2006. In 2008, his success was featured in *The New York Times*' story, Most Doctors Aren't Using Electronic Health Records. Before going live he worked with athenahealth, his network-based EHR vendor, to adjust the practice's workflow to accommodate the EHR.

When they were ready, Dr. Masucci said, "The implementation process took about a week. We had lots of support from our extremely helpful vendor."

Since then, practice revenue, time spent with patients, and quality of care have all dramatically improved. Before the EHR, Dr. Masucci's staff sorted through piles of mail every day. Now, with service options available through the network-based EHR, all incoming mail and faxes are automatically scanned and appear electronically in the EHR. Patient information is always immediately available; no more sorting through charts at every visit. And Dr. Masucci can easily review patients' records before each visit — which means his time is spent more efficiently during each appointment.

"Our nurses love the EHR," reinforced Dr. Masucci. "They have easier access to information. They don't have to write paper prescriptions anymore. Everything is online, saving us time."

Dr. Masucci's office uses the EHR's embedded practice management solution, so the practice has been able to decrease days in accounts receivable (DAR) from almost 70 to 24 days. The practice also estimates that it gets paid correctly for 99% of the claims it submits — because it uses the EHR's continually-updated payer-specific coding rules and E&M guidelines for cleaner claims. And when they have to follow up on denials or unpaid claims, they have the documentation they need at their fingertips.

"Our EHR not only alleviates a tremendous amount of our back-office work, but also interfaces with in-house labs like Quest, allowing all our results to be processed electronically and saving time and paperwork on our end," said Dr. Masucci. "The power of a web-based network is that it has created a seamless integration between our billing and clinical services, allowing us to focus on patient care, which is our ultimate goal."

▶ 54% strongly agree/agree that EHRs slow down the doctor during patient exams

▶ Only 5% feel EHRs are alleviating the effort to stay on top of changing payment requirements/incentives

▶ 60% strongly agree/agree that EHRs distract from face-to-face interaction with patients

▶ 21% feel face-to-face time is not being compromised by EHRs

The Right EHR Can Transform Your Practice

More than just making a practice eligible for HITECH Act reimbursement, the right EHR — implemented successfully and optimized for your practice — can have major advantages for patient care, profitability, and practice personnel. In the NEJM study, an overwhelming majority of physicians said that using electronic records improved the quality of clinical decisions, helped to avoid medication errors, and improved the delivery of preventative care.

Percentage of Physicians Who Said EHRs...

Category	Percentage
Improved Quality of Clinical Decisions	82%
Helped to Avoid Medication Errors	86%
Improved Delivery of Preventative Care	85%
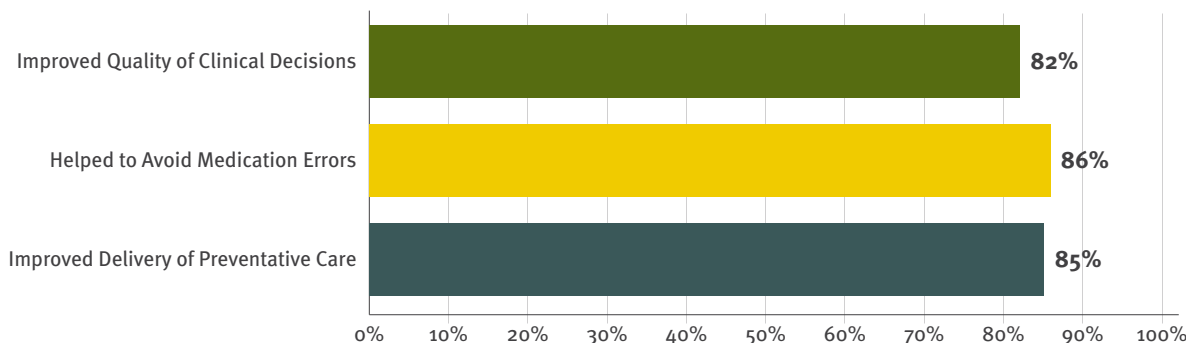
Source: Steve Lohr, "Most Doctors Aren't Using Electronic Health Records." New York Times, June 19, 2008.

Ultimately, the right EHR can help your practice operate seamlessly among all of your affiliated hospitals, clinics, labs, and pharmacies. It helps your providers have a current, accurate, and complete clinical picture of each patient, so they can make the most appropriate clinical decisions. And the right EHR helps the practice manage the business side of things, enabling it to run more effectively and profitably.[7]

Specifically, the right EHR can support:

▶ **Stronger practice profitability.** With more accurate clinical documentation, a practice can bill at appropriate service levels. It can gain workflow efficiencies that contain or reduce the costs of delivering care.

▶ **Better patient care.** Improved access to patient information and clinical data could mean reduced medical errors, better patient safety, and stronger support for clinical decision making.

▶ **Process integrity.** An EHR can help get things done the right way, at the right time, and the same way each time — all based on best practice workflows.

▶ **Provider and staff satisfaction.** A successfully implemented EHR can strengthen the practice team, provide more time for direct patient care, and reduce administrative burdens.

▶ **Practice growth.** Access to clinical and financial data gives the practice greater control over and visibility into practice operations, which provide direction for growth.

Your practice can realize these kinds of benefits — and avoid the pitfalls of poor EHR implementation — with eight key insights.

How to Achieve Success with an EHR

In a nutshell: Practices that achieve success with an EHR plan correctly and choose the right vendor.

The right planning includes four steps: assessment and goal-setting, creating a budget and project team, managing change, and redesigning practice workflow. But planning alone is not enough for a successful EHR implementation. You need to find the right EHR vendor — one that provides excellent service over the long term, and offers a system with a proven return on investment (ROI).

8 Tips for Successful EHR adoption

Do the right planning
1) Assess practice readiness
2) Establish budget and project team
3) Manage change
4) Redesign workflow
Choose the right vendor
5) Choose a partner, not a product
6) Consider a network-based service (not software-based)
7) Ensure long-term readiness to adapt to changing reimbursement environment
8) Choose an EHR vendor that offers a well-established practice management solution

Do The Right Planning

You know you have to prepare for an EHR, but what exactly do you have to plan for? The right planning includes:

1. Assessing your practice's readiness

Before you jump into EHR implementation, do an assessment of your practice's EHR readiness. What software and equipment do you currently use to run your office and what kind of investment in new technology would you need to bring an EHR system live? Does your practice have the right leadership and support to undertake a project of this scope? What about your practice's culture — is there sufficient flexibility and willingness to adapt to change in order for an EHR to be a success?

If you determine your practice is ready for an EHR, then develop a project plan (or charter) with measurable goals. If you can't state why you want to implement an EHR and identify the benefits you expect to see, your practice should take the time necessary to clearly delineate its EHR rationale.

Define what constitutes success or failure with an EHR. Be realistic. Your goals should be measurable, and feel challenging but doable. If you have a larger practice, you will need to define goals specific to each practice site. Finally, plans should include technical EHR implementation requirements.

2. Establishing your budget and project team

When you've determined that you're ready and have a written plan, assign appropriate resources to the project. Develop a budget that includes the hardware, software, interfaces, support services, space renovations, training, extra staff time needed during planning, and costs related to lost productivity in the first few weeks post go-live.

Make certain you consider potential hidden costs. For traditional, software-based EHRs, this could include the costs of maintaining and updating the software and interfaces, additional IT support for emergency recovery systems, replacing and updating hardware, and necessary training not included in the upfront fees. Though billed as timesavers, many software-based products also require practices to increase staff costs for such tasks as interface management, inputting software upgrades, incorporating industry initiatives as they emerge (i.e., Pay for Performance, new HITECH Act requirements, etc.), creation of templates, and additional scanning.

Next, select a crackerjack project team that includes at least one physician champion, a project manager, and "super-users" who will be available to other staff for resolving issues during and after implementation. The project team provides central leadership and accountability. Drawing from a cross-section of the practice, the project team can leverage clinical, financial, and administrative expertise.

Project Charter

A project charter provides a framework for moving through EHR implementation and should include:

- ▶ Strategic vision for the project
- ▶ Goals and objectives
- ▶ Budget
- ▶ Project team members and key stakeholders
- ▶ Summary of the project plan
- ▶ Communication plan

View sample charters at www.masspro.org under DOQ-IT/HIT Services.

3. Managing change

Successfully implementing an EHR is not about the software — it's about embracing change. If users feel left out of the selection and implementation of an EHR, the system could fail — even if the EHR is a perfect fit with your practice.

To navigate this critical transition in your practice:

- ▶ Engage users in the implementation process before system selection and garner buy-in among all future system users. Get feedback and act upon suggestions.[8]

- ▶ Project leaders should anticipate change barriers — for example, reluctance to change practice workflow — and candidly address these.

- ▶ Document what you learn during this assessment phase and plan how you'll address each barrier.

Communicate the plan, progress to goals, and next steps to keep everyone informed about the change. You may need a communication plan embedded in your project charter. The communication plan should include

a complete list of stakeholders you need to communicate with about the EHR, as well as the preferred communication format for each group and how often you plan to be in touch.

4. Redesigning workflow

Finally, there are fundamental differences in the way information is communicated and tasks are completed in an office powered by an EHR. You'll need to redesign your practice's workflow to incorporate the use of this new technology. It's daunting, but the right vendor can help tremendously, offering templates based on best practices. Start by documenting current workflows. Evaluate them to improve efficiency (e.g., by removing steps or people from the process). Decide how you will replace "paper triggers" (e.g., when the paper chart posted outside an exam room door is used to signal that the patient is ready to be seen) with "electronic triggers" (patient is "checked in" and the exam room is automatically indicated in the EHR schedule).

Concentrate on documenting (either in list or chart form) five main areas:

a. **Patient Flow.** How the patient progresses from check-in to check-out.

b. **Point of Care Documentation.** How and when you document the visit (for example: using templates, free text, and dictation — in the exam room, in the hallway, in the physician office, at a nursing station, etc.).

c. **Communication.** How different team members in the practice communicate with each other about phone calls, patient requests, and other issues.

d. **Document Management.** How you manage paper that comes into the practice via fax, mail, and lab orders for patients.

e. **Chart Abstraction.** How you will migrate from the paper chart to the EHR, including defining interim steps where necessary to move through this migration.

Find The Right Vendor

No matter what kind of planning you do, you need a vendor with a proven implementation methodology and excellent ongoing service and support. If you are reimbursed for Medicare or Medicaid patients, you will also want to find a vendor who is well-positioned to qualify you for federal EHR reimbursements provided by the 2009 HITECH Act. Here's how to succeed with your choice of vendor.

Six Steps to Redesigning Workflow

1. Document current workflows by watching, asking questions.

2. Create a step-by-step list or flowchart to capture all steps in each task, and who does the task.

3. Compare operations to industry best practices.

4. Identify waste (waiting, rework, multiple handoffs) and opportunities (improving care, reducing errors).

5. Redraw workflow maps.

6. Implement new workflows with good communication, EHR training, and method for auditing/enforcing changes.

5. Select a partner, not a product

You are about to enter a long-term partnership with a vendor. Product versions will change over time, but once the product is implemented, and especially after paper charts are no longer available, you must rely on your vendor to provide service and support. You want a partner with a culture and long-term vision that are aligned with yours.

Another question to investigate: What incentive does the vendor have to make the implementation a success? For example, will you invest heavily up front, leaving the vendor with little motivation to provide excellent service after implementation? Look for a vendor that shares the risk, and therefore has a vested interest in the long-term success of the EHR.

> **Automating a bad process only makes things worse.**[9]

You need a partner who can offer support as early as possible in the planning phase. The vendor you select should be prepared to assist with assessment of practice readiness, goal-setting, budget and team assignment, and the examining and adapting of practice workflows to maximize the EHR's potential effectiveness. If the vendor offers this kind of support, find out how adaptable workflows can be. Some vendors can customize workflows to each provider in the practice so that everyone is comfortable with (and enthusiastic about) the EHR — propelling the EHR to full optimization.

Adopting a New EHR, and Finding a Partner

Valley Medical Group, a 25-physician, 350-employee medical group with four locations in western Massachusetts, was in trouble. They had committed to a clinical software solution in 2008 that was proving to be a nightmare. "We had crashes all the time," said Joel Feinman, President & Associate Medical Director of the group since 2001. "We lost data. We lost prescriptions. There seemed to be changes to software every week. And when one thing was fixed, it just seemed to cause something else to break."

They had adopted an EHR, but it wasn't successful. It was clearly time for a change.

The group did considerable research into clinical solutions, looking at no less than 200, and then narrowed the selection down to a list of ten candidates. The group was happy with athenahealth's practice management system and ultimately chose an EHR from the same vendor to replace their failing clinical software. athenahealth's web-based EHR, athenaClinicals, didn't require a big upfront investment in hardware or an IT staff.

Feinman said the vendor came forward "with an intelligent, detailed implementation plan that let us know exactly what we needed to do—and what they were going to do—at every step along the way: at six months, at three months, at one month, and so on."

Valley Medical Group found a partner, not just a product.

"They communicated clearly about everything that was happening and was going to happen; they were knowledgeable and available," Feinman said.

The result was an implementation unlike anyone at Valley Medical Group had ever seen before. "We were up-and-running in one day and back to full productivity within three days," Feinman said. "I have not heard of any medical group that's had as few problems with implementation as our group did."

The physicians in the practice got comfortable with the web-based EHR quickly. The immediate and convenient availability of patient data made them more efficient and better informed in their daily encounters with patients. Closed-loop order management ensured that information would get where it needed to be in a timely manner. The staff was also impressed with how much, and how quickly, paperwork was taken off their hands—with very few processing errors. "In fact," said Feinman, "the error rate was lower than when we handled all the paperwork ourselves!"

The vendor should also have a clear approach for providing assistance both during and after the implementation phase. At a minimum, the vendor should help prepare users so they can comfortably use the EHR at the time of implementation, and offer live support following the implementation.

6. Consider a network-based service, rather than a software-based EHR

Some practices assume that getting an EHR means buying and installing a software package. In these cases, the package relies upon on-site server hardware, interfaces, and complex software programs.

Unfortunately, these types of solutions are often challenging because of high fixed prices, fast hardware obsolescence cycles, poor training, clunky upgrade processes, and the inability to adapt to complex and evolving clinical and payer guidelines and regulations.

The alternative is a network-based EHR service, which is accessed through the Internet. This approach offers remarkable benefits to the physician practice, including lower upfront costs and greater efficiency. Network-based services are also well-positioned to integrate the evolving U.S. Department of Health and Human Services requirements for meaningful use of an EHR as mandated by the 2009 HITECH Act.

In a network-based service, users access software via the Internet rather than through a server located in their business. A network-based service requires little upfront financial investment and gives practices the benefit of participating in a "network" — where software is constantly and automatically upgraded, clinical data and protocols as well as payer rules are updated daily, and the collective lessons of every practice are immediately integrated into the system for all to use.

Achieve Solid ROI with your EHR

	Software-Based EHRs	Network-Based EHRs
Initial investment	Initial costs for software-based EHRs can range from $15,000 to $50,000 per physician in small practices.[10]	Only requires a PC, a label printer and connection to the Internet to get started, with no upfront licensing or server hardware investment.
Investment during implementation	Large amounts of scanning and data conversion prior to going live.	Reduces the burden of this work by eliminating (co-sourcing) or streamlining it (hands-on, partner-based change management).
Ongoing cost	Software alone cannot help practices keep pace with changing reimbursement rules, requiring staff time to research and input changes or upgrade the software.	Web-based application constantly incorporates new intelligence that is instantly available to all users, systematically improves revenue capture, and keeps pace with emerging P4P rules.

What's more, a network-based service constantly adapts to changing information — such as new billing rules, updated lab and pharmacy information, and clinical guidelines — all of which are immediately available to all users. With a direct, real-time connection to payers, labs, patients, pharmacies, and referral networks (accessible almost anywhere there's an Internet connection), physician practices eliminate the inefficiencies of written requests, unreturned phone calls and wasted staff time.

Software-based systems also create little vested interest for the vendor in the success of any particular installation. With a service-based model however, where a vendor charges little up front, the vendor and the practice share goals for success — preventing conflicting priorities through shared incentives.

7. Ensure your vendor has long-term readiness to adapt to the changing reimbursement environment

EHR software is static. Once installed, it does not change unless a new version comes out that must be upgraded at every workstation. So software alone can't help your practice keep pace with emerging trends such as Pay for Performance (P4P) and consumer-directed health care — physician practices are left to their own devices when it comes to incorporating and managing these initiatives. In addition, with the HITECH Act, reporting requirements for many physicians will continue to increase. Meaningful use criteria are expected to come forward in 2011, 2013 and in 2015. A vendor that's ahead of the curve will be able to certify against those standards quickly and in a way that's transparent to your practice. A software-based EHR requires an update you may have to buy. A software-enabled-service can push out those updates to clients at no extra cost, keeping you moving toward long-term readiness.

What's In a Guarantee?

Can your vendor guarantee you'll meet meaningful use –or do they just guarantee that their software will work, and leave it up to you to figure out how you will meet the requirements of meaningful use? When looking for an EHR vendor, ensure that the product is designed to meet the government criteria.

Consider these questions:

▶ Has the vendor made preparations for meaningful use?

▶ Is the vendor simply guaranteeing that a version of their software will meet certification requirements or that you will meet meaningful use standards as well?

▶ Are they guaranteeing your version of the software or must you purchase an upgrade?

▶ Does your vendor have anything at risk to guarantee that you will meet meaningful use criteria?

▶ Do you have to buy new hardware or software in order to qualify for the vendor's guarantee?

▶ Does the vendor have a support infrastructure to ensure that you are ready?

▶ Does the vendor have a virtual back-office team to help you enroll in the program, report necessary clinical measures and collect payment?

▶ Does the vendor offer one instance of software on a network that is continuously updated, without interruption, to reflect the latest rules and mandates?

▶ Is the vendor confident enough to offer a guarantee that the product will meet meaningful use?

Again, here is where a network-based model keeps your practice profitable. Collective clinical rules offer providers constantly updated, proactive clinical intelligence that supports increased revenues. For example, clinical rules databases can track quality measures against P4P programs that a physician participates in, so these are automatically tracked for the practice. As an example, Physician Quality Reporting Initiative (PQRI) measures can be quickly added as the Centers for Medicare and Medicaid Services (CMS) expand this initiative and increase the number of measures. The result is a constant stream of collective financial and clinical intelligence that is built into the office workflow, allowing providers to have more time for patient care.

8. Choose a vendor with a strong, integrated practice management system

The development of meaningful use criteria has underscored not only the importance of using an EHR, but also of utilizing technology to submit billing claims and to communicate with patients. The notable inclusion of billing and patient communication in meaningful use standards points to the importance of leveraging technology for the overall health of the medical practice. Not only is an EHR important to the future of health care, but a strong practice management and billing application coupled with a patient communication tool is essential for physicians to continue to provide quality care in a sustainable/cost-effective way. The best EHRs can interface with practice management systems to handle claims submission and billing integrated with clinical tasks. This helps ensure a smooth flow from identifying, scheduling, and checking in each patient, to billing for the visit.

EHRs that interface well with a practice management system can improve the patient experience, increase exam room utilization and flow, bill appropriately for care given, increase the timeliness of documentation, and eliminate lost or missed charges.

Even better is an EHR that interfaces with a practice management system and a patient communications offering to achieve a fully integrated strategy.

Doctors and staff spend an inordinate amount of time consumed with communications outside the exam room in an era when patients are asking for more modern means to contact their providers. Further, practices using outdated methods and technologies spend valuable time and money on mailings, postage and frustrating games of phone tag with patients to communicate key health information as well as to collect self-pay and coinsurance dollars from patients. Those functions can be optimized in your practice by integrating existing technologies like a web portal with email, automated messaging and even text messaging into your EHR and practice management service.

This kind of medical scheduling solution also helps your practice meet key HITECH Act meaningful use requirements for improving patient engagement.

With such a three-pronged approach you can drive revenue and save staff time across the patient workflow. It's an efficient and valuable long-term approach for continued success and improved patient care.

So it's smart to ask how your billing and collections, scheduling (patient, provider, equipment), productivity and revenue analysis will improve with the new EHR system. The better integrated the system, the greater the likelihood you'll see improvement. What other changes will you see as a result of adopting both at the same time? Make sure any additional training and support for the practice management system is included in the EHR implementation.

A Better Way to EHR Adoption

EHR implementation does require hard work and careful planning. But with the insights here, your practice is well-equipped to find and implement the right EHR — for stronger revenue, better patient care, and minimal disruption. In the long term, if you've done the right planning and selected the right vendor, your practice will enjoy substantial cost efficiencies so you can focus on what matters most — patient care.

athenaClinicals℠ provides a unique web-based approach to electronic health records, delivering greater clinical control and insights to medical practices while boosting efficiency and revenue potential. With flexible, web-based CCHIT-certified software, we incorporate government mandates faster. Start-up costs are minimal. And back-office services electronically sort and post all clinical information — including building and maintaining electronic connections to labs, pharmacies, and hospitals — at no additional charge.

To learn more, visit www.athenahealth.com/our-services/athenaClinicals.php or call 866.817.5738.

Endnotes

1. Arnst, Catherine. "Doctors not in stampede to go digital." Boston Globe. May 4, 2010.
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